

# Integrated Health Project in Burundi (IHPB)

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## QUARTERLY REPORT

JANUARY 1 – MARCH 31, 2014

(SECOND QUARTER, FISCAL YEAR 2014)

Prepared by: Family Health International (FHI 360)

Date : April 2014



**IHPB**

**Introduction:** The *Integrated Health Project in Burundi* (IHPB) is a five-year project (December 23, 2013 to December 22, 2018) funded by the United States Agency for International Development (USAID). Led by Family Health International (FHI 360) as the prime contractor, the IHPB consortium includes sub-contractors Pathfinder International and Panagora Group. The IHPB builds on USAID’s legacy of support to the health sector in Burundi and FHI 360 and Pathfinder’s successes in assisting the Government of Burundi (GOB) to expand and begin to integrate essential HIV/AIDS, maternal, neonatal and child health (MNCH), and family planning (FP)/reproductive health (RH) services.

The Ministry of Public Health and Fight against AIDS (MPHFA) is a major partner that will be involved at every step, throughout project design, planning and implementation. The goal of the IHPB is to assist the GOB, communities, and civil society organizations (CSOs) to improve the health status of assisted populations in 12 health districts<sup>1</sup> located in the provinces Kayanza, Muyinga, Kirundo, and Karusi - with potential for expansion in up to four additional provinces in 2015. IHPB expected results are:

- 1) Increased positive behaviors at the individual and household levels;
- 2) Increased use of quality integrated health and support services; and
- 3) Strengthened health system and civil society capacity.

At the end of five years, IHPB envisions healthier women, men, children and families in the supported provinces, benefitting from well-functioning district health systems that are responsive to their needs and give them a voice in how services are delivered. Project support will be reduced over time as local health systems – including community structures – become stronger and more self-sufficient. District Health Bureaus, district hospitals and health centers will graduate when they achieve and maintain measurable, agreed-upon improvements in performance. The project also will strengthen the technical and organizational capacity of local CSOs to deliver and manage integrated services in coordination with the GOB and other partners.

The overall approach to IHPB will be framed by three overarching and interrelated strategies: (1) A Life Stage approach to individual, household and community health within C-Change’s SBCC Framework; (2) “Smart” integration supported by the Collaborative Model of service improvement; and (3) A health and community systems strengthening approach to ensure sustainable management. Project interventions will center on rapid scale up of service integration and improvements at the facility and community level. The integration and improvement activities will build on the experience from ROADS II, BMCHP and the *Flexible Family Planning* project as a starting point, incorporate best practices, and continue to expand the availability of essential services.

During the first year, IHPB will implement activities that include: A) continue to support essential services supported under previous USAID-supported projects; B) conduct joint formative assessments with the MPHFA in target districts; C) facilitate a participatory process to define initial integration and improvement ideas and begin implementing; D) develop an integrated SBCC strategy; E) establish a QA/QI system; and F) develop and support capacity strengthening plans for four CSOs.

This IHPB’s 1<sup>st</sup> Quarterly Report details program activities, consisting mostly of start-up and foundational activities, implemented during the period December 23, 2013 to March 31, 2014.

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<sup>1</sup> The six Phase I Health Districts are: (1) Nyabikere (Karusi Province); (2) Kayanza and (3) Gahombo (Kayanza Province); (4) Busoni and (5) Kirundo (Kirundo province); and (6) Giteranyi (Muyinga Province). The six Phase II Health Districts are: (1) Buhiga (Karusi Province); (2) Musema (Kayanza Province); (3) Mukenke and (4) Vumbi (Kirundo province); and (5) Muyinga and (6) Gashoho (Muyinga Province).

### Submitted Grants Under Contract Manual

IHPB intends to provide grants, including in-kind grants, to non-governmental and governmental organizations, including districts and health facilities. In Y1, Grants, either using Fixed Obligation or Simple Grant format will be developed with Health District Bureaus (BDS) to support performance-based financing (PBF) (Sub-CLIN 3.1) and In-Kind Grants to support continuation of essential services (Sub-CLIN 2.2). Sub-agreements will be developed to support four CSOs (Sub-CLIN 3.3). Capacity strengthening action plans will be developed for each FOG, In-Kind Grant and sub-award recipient based on the results of capacity and needs assessments.

Having obtained USAID's approval of the Grants under Contract Manual, IHPB, in the quarter April – June 2014, will execute grants with non-governmental organizations.

### Signed Sub-Award Contracts with Consortium Partners

Following approval from USAID's Contracting Officer (CO) to sub-contract, FHI 360, signed a Letter of Agreement with Pathfinder International. A Letter of agreement will be signed with Panagora Group soonest.

### Completed Recruitment and Orientation of Project Staff

IHPB consortium members identified qualified, competent and experienced staff and recruited and oriented them on project objectives and strategies. By March 31, 2014, IHPB had a total of 40 staff ( 38 permanent and 2 employees shared with the PMTCT Acceleration Project).

### Held Successful Public Launch of IHPB

On February 21, 2014, the IHPB held a successful public launch of the IHPB at Kw'Iteka Residence Hotel in Karusi Province. Presiding over the ceremony were the Minister of Public Health and the Fight against



AIDS, Honorable Dr. Sabine Ntakarutimana, the United States Ambassador to Burundi, Ms. Dawn Liberi. The event was attended by about 200 people and was enhanced by the presence of the Acting USAID Country Representative in Burundi, the PEPFAR Team Leader, Governors of Karusi and Kirundo Provinces, USAID implementing partners, various provincial health authorities and projects, and MOH staff. The Minister of Health remarked “Challenging times call for challenging measures. The contributions of IHPB as regards to HIV, family planning, malaria and

*reproductive health as well as mother and newborn health is one of the responses to this challenge”*

### Validated, and Submitted Year 1 Work Plan

As a follow up to the January 14, 2014 planning workshop held in Washington, DC, FHI 360 organized a one-week (March 3-8, 2014) Year 1 work plan development workshop in Washington, DC, whereby the first year IHPB work plan was finalized. Participants included subject area technical experts from FHI 360, Pathfinder International and Panagora Group including the Chief of Party, the Deputy Chief of Party and M&E Senior Technical Advisor. During the development of the work plan in country, IHPB held consultative meetings with the Swiss Cooperation Funded Project in Kayanza Province, National Health Programs (Reproductive Health, National Malaria Control Program), DELIVER Project and URC. .

On March 21, 2014, a validation workshop was organized in Bujumbura. The workshop was attended by 93 representatives from the Ministry of Public Health and the Fight against AIDS (central and provincial level), USG funded partners (Management Sciences for Health, Abt Associates, University Research Corporation, Population Service International, Engender Health), CSOs (Association Burundaise pour le Bien Etre Familial, Réseau Burundais des Personnes vivant avec le VIH, Association Nationale de soutien aux Séropositifs et Malades du SIDA, Alliance Burundaise Contre le SIDA, Society for Women Against AIDS and other organizations involved in health programs in Burundi. After incorporating recommendations made at the validation workshop, FHI 360 submitted the first year (December 23, 2013 to December 22, 2014) work plan for approval to the Contracting Officer's Representative (COR). The work plan presented planned activities, life-of-project



(LOP) mandatory results and Year One (Y1) outputs by CLIN and Sub-CLIN, as well as planned formative analysis and baseline assessments (FABs). A logical framework summarizing Y1 activities, outputs and indicators and an overview of select LOP activities also appear in the work plan.

#### Submitted LOP PMEP

By working closely and with substantial contributions from consortium members, FHI 360 finalized and submitted to USAID a life of project (LOP) Performance Monitoring and Evaluation Plan (PMEP) on March 24, 2014. The PMEP describes the project's comprehensive approach to monitoring and evaluation (M&E). Through performance M&E, the project will measure, analyze, interpret and report on activities and outcomes to ensure effective implementation and achievement of results. This will provide USAID/Burundi, the government of Burundi, other project partners, and the larger community with a record of evidence-based progress, results, and lessons learned for informed decision-making and project improvement.

#### Submitted a Branding Implementation and Marking Plan

By following USAID's Revised and Expanded ADS Chapter 320.3.2 on Branding and Marking for contracts, as well as guidelines provided in the USAID Graphics Standards Manual, FHI 360 developed and submitted a BIMP to USAID.

#### Finalized Procurement Plan and Began Process for Procuring Essential Equipment

During the first quarter, IHPB finalized a procurement plan and initial steps were taken to procure needed supplies and equipment meant for rapid start-up and implementation. Office equipment (computers and accessories) are already purchased. Quotes have been received from car dealers – once the evaluation is complete and vendors selected, FHI 360 will seek authorization to procure vehicles, including any waivers as needed, and other equipment.

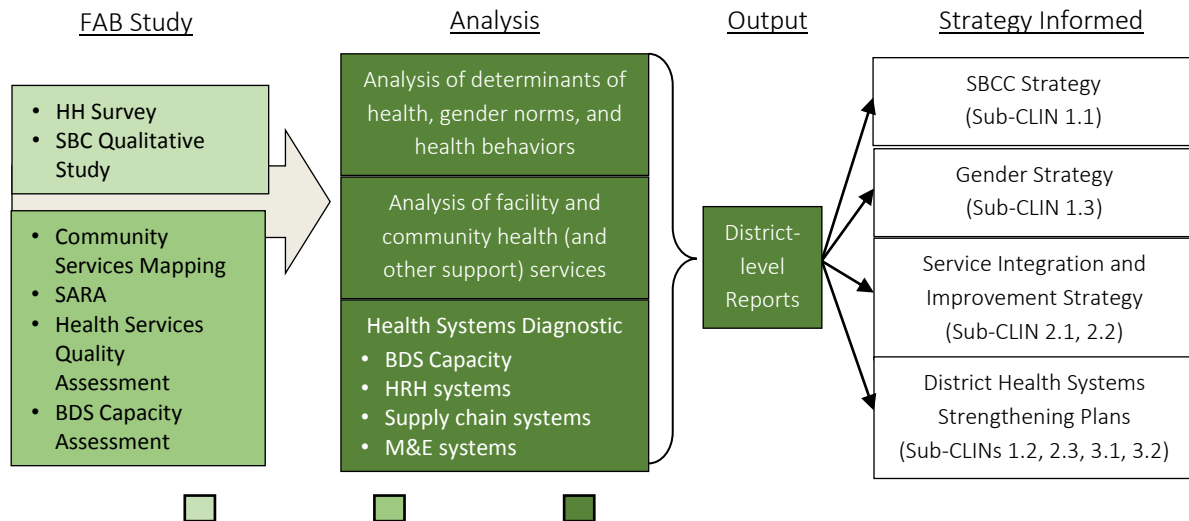
#### Established IHPB Management Protocols and Field Offices

The IHPB Office in Bujumbura is now fully functional – it has internet service, telephone services, cleaning and custodial support and other necessary services and utilities to maintain the office. Activities to furnish Kirundi and Muyinga field offices are almost completed.

In quarter 1, IHPB rapidly established management systems and are already in place to ensure continued efficient, cost-effective management of resources and further support implementation of activities.

Preparations for Commencement of Formative Analysis and Baseline Assessments Underway

IHPB will collaborate with the GOB to conduct a series of formative analyses and baseline assessments to: inform the design of project strategies; strengthen capacity of GOB partners in health sector monitoring, evaluation and learning; establish project baselines and inform target setting; and enable rigorous project evaluation and learning. The diagram below shows how each FAB study contributes to project strategies and learning:



Study activities will occur over a period of 9 months beginning the quarter April – June 2014, and include: (1) Develop protocol, data collection tools, informed consent forms (including consultation with MPHFA and other partners to use existing data and tools); (2) Submit study materials to FHI 360 and Burundi IRBs; (3) Pre-test data collection tools; (4) Finalize data collection tools; (5) Design and program tablets; (6) Train data collectors; (7) Implement data collection; (8) Analyze data; (9) Conduct ongoing data quality assurance; (10) Develop draft report; and (11) Validate report findings with the MPHFA and disseminate.

IHPB is in the midst of step one, and plans to complete and submit all data collection protocols and tools (step 2) by the end of April 2014.

Submitted Environmental Mitigation and Monitoring Plan

IHPB will carry out an initial assessment to document existing conditions and activities that may impact the environment and require mitigation using Appendix B of the IEE, USAID/Burundi’s Environmental Review Report for IHPB activities. Following the assessment, an Environmental Review Report will be produced when necessary that will detail the risk mitigation plan for specific activities that present risk.

Collaboration, Coordination and Partnership Building

In addition to joint planning and implementation of program activities with the MPHFA, IHPB also collaborated with other key USAID-funded and non-USAID-supported stakeholders and implementing partners. With the Swiss Cooperation, discussions focused on ways to collaborate particularly that it is implementing HSS strengthening and capacity building activities in Kayanza Province. IHPB will collaborate with URC and MSH – URC is implementing PMTCT quality improvement activities in the IHPB provinces while MSH supports supply chain management in the same intervention areas.

Short Term Technical Assistance (STTA) Support Visits

During the quarter, the IHPB benefitted from STTA provided by FHI 360's Home Office. The table below lists the visitors, title, dates of the support visit and the reason for the visit.

No.	Name	Title	Dates	Purpose
1	Justin Mandala	Technical Advisor	Jan 30 – Feb 2, 2014	Provided technical expertise for staff recruitment
2	Keith Aulick	Senior Technical Officer, Leadership and Capacity Development	March 8- March 22, 2014	Provide global technical expertise on local capacity building, providing technical support for IHPB to finalize work planning as needed, and initiation of capacity strengthening work with local partners.
3	Katherine Lew	Senior Technical Officer, M&E and Strategic Information	March 11- March 21, 2014	Provide global technical expertise on Health Information Systems for staff mentoring, and technical assistance for developing the PMEP
4	David Wendt	Technical Officer, HSS	March 14- March 21, 2014	Provide global technical expertise on health systems strengthening for mentoring of new staff and orienting on the HSS approaches of the project
5	Megan Averill <sup>2</sup>	Senior Technical Officer, HSS	March 16 - March 26, 2014	Provide global technical expertise on health systems strengthening for mentoring of new staff and orienting on the HSS approaches of the project

Upcoming Events:

- Submit baseline assessment protocols to FHI 360 Protection of Human Subjects Committee for approval: April 17, 2014
- Submit protocols to the Burundi Ethics Committee: June 2014
- Submit Sustainability Plan: June 22, 2014
- Submit Innovation Plan: June 22, 2014
- Implement essential services based on ROADS and MHCP: June 2014
- Implement Performance Based Funding activities including signing contracts with local partners: June 2014

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<sup>2</sup> Costs (air ticket, lodging and subsistence allowance) related to trip covered by FHI 360 unrestricted funds.

*Pipeline Analysis Broken Down by Funding Stream*

IHPB has received 7,628,454 \$ in funding to date. In the work plan comments, FHI360 learned that \$650,000 of this is earmarked for Malaria activities. We have requested the breakdowns of the other funding streams, but pending that, we have divided it up proportionally in relation to the overall planned budgets for the contract. In order to project pipelines more accurately, FHI360 requests that USAID inform us of both the yearly obligations at the USAID level and breakdowns by funding stream for incremental funding.